

**FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

(1) Douglas Kemper      HU-6364  
(Name of Plaintiff)      (Inmate Number)

301 Morea Road Frackville, PA 17932  
**(Address)**

(2) \_\_\_\_\_  
**(Name of Plaintiff)**      **(Inmate Number)**

**(Address)**

**(Each named party must be numbered,  
and all names must be printed or typed)**

vs.

117cv1833  
(Case Number)

**(Case Number)**

**CIVIL COMPLAINT**

(1) John Steinhart, CHCA Medical Dept.

(2) Courtney Rodgers, DO Medical Dept.

(3) Kimberly Minarchick, RNS Medical Dept.

(Names of Defendants) Official Capacity.

**(Each named party must be numbered,  
and all names must be printed or typed)**

FILED  
SCRANTON

OCT 06 2017

~~PER~~ AND DEPUTY CLERK

TO BE FILED UNDER 42 U.S.C. § 1983 - STATE OFFICIALS

**42 U.S.C. § 1983 - STATE OFFICIALS**

28 U.S.C. § 1331 - FEDERAL OFFICIALS

## I. PREVIOUS LAWSUITS

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

**U.S. District Court for the Western District of Pennsylvania (Erie)**

Civilocket For Case #: 1:16-cv-00230-SPB KEMPER V. DR. MAXA et al.

Assigned to: Magistrate Judge Susan Paradise Baxter

## II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? X Yes \_\_\_\_\_ No \_\_\_\_\_
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? X Yes \_\_\_\_\_ No \_\_\_\_\_
- C. If your answer to "B" is Yes:
1. What steps did you take? Institutional Request to medical Staff and Completion of grievance procedure.
  2. What was the result? All grievances denied and left in State of Pain and suffering, unnecessary Wonton infliction of Pain.
- D. If your answer to "B" is No, explain why not: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## III. DEFENDANTS

(1) Name of first defendant: Mr. John Steinhart, Corrections-Health-

Employed as Care-Administrator at State Correctional Mahanoy  
Mailing address: 301 Morea Road Frackville, PA 17932

(2) Name of second defendant: Mr. Courtney Rodgers DO.

Employed as Medical Director at SCI - Mahanoy

Mailing address: 301 Morea Road Frackville, PA 17932

(3) Name of third defendant: Kimberly Minarchick (RNS) Registered

Employed as Nurse Supervisor at SCI - Mahanoy

Mailing address: 301 Morea Road Frackville, PA 17932

(List any additional defendants, their employment, and addresses on extra sheets if necessary)

## IV. STATEMENT OF CLAIM

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets if necessary.)

1. On or about 11/3/2016 and 7/11/2017, Plaintiff sent inmate request to medical staff Dr. Steinhart concerning severe back pain due to injury while incarcerated in PA. state correctional institution of the back area requesting physical therapy and pain management that Plaintiff

was told by medical staff he would receive, charged \$15.00 co-pay, and was denied that medical treatment, left to suffer.

2. 6/20/2017, Plaintiff request to medical staff Dr. Rodgers, Plaintiff toes turned black, and was refused medical treatment, and due to lost of left leg, Plaintiff now living in fear he could and would loose right leg if not treated. Dr. Rodgers refused pain management, and treatment for toes, due to medical cost.
3. Medical Staff Registered nurse supervisor Minarchick, initial response in the denial to meaningful medical treatment for Plaintiff on 5/5/2017. While in the possession of Plaintiff medical records, refused to address Plaintiff medical need for pain management, and black toes with toe nails falling off, in disregard to Plaintiff medical need to lower cost.

#### V. RELIEF

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. Plaintiff seeks Court Order for adequacy medical care to STOP unnecessary and wanton infliction of severe back pain due to injury obtain while incarcerated inside PA. department of corrections. Declaration Plaintiff Right's has been violated. An Injunction. Anything else the Courts thinks is fair.
2. Plaintiff seeks Court Order for adequacy medical treatment fore his Toes, due to Plaintiff is now living in constant FEAR of the lost of his only foot and leg if not treated immediately. To have all co-pay medical cost money returned to the Plaintiff and all money returned for the filing of this suit.
3. To financially punish all defendant's and Amended Defendant's for the the denial of meaningful medical care to Plaintiff to keep down medical cost. All Defendants deliberate indifference to Plaintiff serious medical needs violated Plaintiff Rights, Constituted Cruel and unusual

punishment under the Eighth Amendment.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 5<sup>th</sup> day of October, 2017.

Douglas Kemper  
(Signature of Plaintiff)

Douglas Kemper #HU-6364  
SCI-MAHANOY  
301 Morea Road  
Frackville, PA 17932

OCTOBER 5, 2017

TO: CLERK OF COURT FOR THE  
UNITED STATES DISTRICT COURT FOR THE  
MIDDLE DISTRICT OF PENNSYLVANIA  
WILLIAM J. NEALON FEDERAL BLDG. & U.S. COURTHOUSE  
235 North Washington Avenue  
P.O. Box 1148  
Scranton, PA 18501-1148

Dear Clerk,

Please be so kind and file enclosed information which I have provided in the following manner.

1. One copy of this Civil Complaint for each Defendant's.
2. One copy of this Civil Complaint for the Clerk of Court Filing.
3. One copy of this Civil Complaint to be stamped and returned to above Plaintiff.
4. Original Civil Complaint for District Judge.
5. One application to proceed in Forma Pauperis.
6. Three form USM-285, one for each of the Three Defendant's.
7. Two Notice of a lawsuit and request to waive service of a summons for each of the Three Defendant's.

THANK YOU IN ADVANCE FOR YOUR CONCERN'S IN THIS MATTER.

Sincerely,

Date: OCTOBER 5, 2017  
C

  
Douglas Kemper #HU-6364  
SCI-MAHANOY  
301 MOREA ROAD  
FRACKVILLE, PA 17932

Haster  
10004-10004  
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Clerk of Court

United States District Court

for the  
Middle District of Pennsylvania

William J. Nealon Federal Bldg & U.S. Courthouse  
2335 North Washington Avenue  
P.O. Box 1148  
Scranton, PA 18501-1148

Legal Mail

http://www.uscourts.gov/